

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90031 005 \*\*\*150.00

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<b>DOCUMENT # P00000106561</b> 1. Entity Name <b>CUTTING EDGE MEDICAL GROUP, INC.</b>			
Principal Place of Business <b>1600 S FEDERAL HWY. STE 640 POMPAÑO BEACH, FL 33062</b>		Mailing Address <b>1600 S FEDERAL HWY. STE 640 POMPAÑO BEACH, FL 33062</b>	
2. Principal Place of Business - No P.O. Box # <b>2425 E. Commercial Blvd.</b>		3. Mailing Address <b>2425 E. Commercial Blvd.</b>	
Suite, Apt. #, etc. <b>Suite # 200</b>		Suite, Apt. #, etc. <b>Suite # 200</b>	
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>	
Zip <b>33308</b>		Zip <b>33308</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1057974</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FISHER, DONALD D.O. 1600 S FEDERAL HIGHWAY SUITE 640 POMPAÑO BEACH, FL 33062</b>		7. Name and Address of New Registered Agent Name <b>DONALD FISHER, D.O.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7811 SUNDIAL HARBOR POINT</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Don D. Fisher, D.O. President</b> <i>[Signature]</i> DATE <b>3/13/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	NAME <b>FISHER, D.O., DON D</b>	TITLE 	NAME 
STREET ADDRESS <b>7811 SUNDIAL HARBOR PT</b>	CITY-ST-ZIP <b>LAKE WORTH, FL 33467</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/13/07</b> Daytime Phone # <b>(954) 776-3415</b>	